

Case Number:	CM15-0009715		
Date Assigned:	01/27/2015	Date of Injury:	04/09/2013
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old female with an industrial injury dated 04/09/2013 resulting from a fall with injury to the low back and right ankle. Her diagnoses include status post lumbar fusion at L5-S1, posterior disc protrusion at L4-L5 with facet arthropathy and mild central canal stenosis with mild narrowing of the lateral recesses, and L4-L5 radiculopathy on the left. Recent diagnostic testing has included a MRI of the lumbar spine (11/07/2014) showing the L5-S1 fusion without significant central or S1 lateral recess stenosis or foraminal stenosis, minimally desiccated disc space and retrolisthesis, and no central or foraminal stenosis. She has undergone a L5-S1 fusion (04/2014) epidural steroid injections, physical therapy, activity restrictions, medications, and aquatic therapy. In a progress note dated 12/03/2014, the treating physician reports ongoing low back pain and bilateral lower extremity pain despite treatment. The objective examination revealed hypertonicity of the paralumbar spinal muscles bilaterally with 2+ spasms, decreased range of motion in the lumbar spine, tenderness in the right foot to palpation, decreased reflexes in the right lower extremity, and decreased sensation along the L4-L5 dermatome distribution on the right. The treating physician is requesting lumbar discogram at L4-L5 with negative control at L3-L4 with post discogram CT scans which was denied by the utilization review. On 01/13/2015, Utilization Review non-certified a request for lumbar discogram at L4-L5 with negative control at L3-L4 with post discogram CT scans, noting the absence of a psychological evaluation. The ODG Guidelines were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of lumbar discogram at L4-L5 with negative control at L3-L4 with post discogram CT scans.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar Spine Discogram L4-L5 with negative control at L3-L4 with Post Discogram CT scan by pain physician: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG on Low Back regarding Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the proposed lumbar discogram is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, discography, the article at issue, is deemed "not recommended." Here, the attending provider's January 6, 2015 RFA form did not furnish any compelling applicant-specific rationale or narrative commentary, which would offset the unfavorable ACOEM position on the article at issue. The attending provider did not state why he was selecting this particular study in the face of the unfavorable ACOEM position on the same. The attending provider did not, furthermore, state why he was intent on pursuing discography. He believed the applicant's non-contrast lumbar CT scan of October 10, 2014 was, in fact, positive. Therefore, the request was not medically necessary.